

**MARKS, O'NEILL, O'BRIEN,  
DOHERTY & KELLY, P.C.**

**BY: Christian M. Scheuerman, Esquire      Attorney For Defendant,  
Attorney I.D. 02170-2007      Akron Billing Center  
535 Route 38 East, Suite 501  
Cherry Hill, NJ 08002  
(856)663-4300**

**669-106234(SXK/CMS)**

Dee Ann Cline,

vs.

Akron Billing Center

UNITED STATES DISTRICT  
COURT FOR THE DISTRICT OF  
NEW JERSEY

CIVIL ACTION NO.: 19-9166

**NOTICE OF REMOVAL**

Please take notice that Defendant Akron Billing Center, pursuant to 28 U.S.C. 1331, 28 U.S.C. 1441, 28 U.S.C. 1446, and fully reserving any and all defenses, hereby removes to this Court the above styled action, filed in the Superior Court of New Jersey, Special Civil Part, Burlington County, under docket number DC-1498-19. In support of the notice of removal, Defendant states the following:

1. On February 25, 2019, Plaintiff commenced an action in the Superior Court of New Jersey, Special Civil Part, Burlington County, docket number DC-1498-19. Pursuant to 28 U.S.C. 1446(a), copies of all process and proceedings initially provided to Defendant are attached as **Exhibit A**.

2. On March 5, 2019, Defendant received a copy of the complaint by mail. (See date stamp pg. 1, **Exhibit A**).

3. The complaint alleges two counts for the alleged violation of the Fair Debt Collection Practices Act, 15 U.S.C. 1692, et seq.

4. This Court has original jurisdiction over this action pursuant to 28 U.S.C. 1331, because the claim arises under the laws of the United States.

5. Therefore, this Court has federal question jurisdiction over the above-captioned action pursuant to 28 U.S.C. 1331, and the matter may be removed to this Court pursuant to 28 U.S.C. 1441.

6. Venue is proper as the action was pending in Burlington County, New Jersey. 28 U.S.C. 1441(a).

7. This notice of removal is filed in the time prescribed by 28 U.S.C. 1446(b) and the Federal Rules of Civil Procedure.

8. Upon filing of this notice of removal, Defendant shall give written notice to Plaintiff's counsel and shall file a copy of the notice of removal with the clerk, Superior Court of New Jersey, Special Civil Part, Burlington County.

9. By filing this notice of removal, Defendant does not waive any defenses or claims which may be available to them.

10. No previous application or petition has been made for removal.

WHEREFORE, Defendant removes the above-captioned action now pending against it in the Superior Court of New Jersey, Special Civil Part, Burlington County, to the United States District Court for the District of New Jersey, wherein it shall proceed as an action originally commenced therein.

**MARKS, O'NEILL, O'BRIEN,  
DOHERTY & KELLY, P.C.**

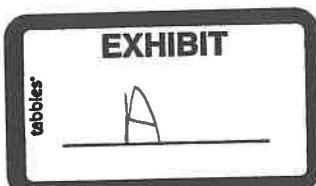
/s/ Christian M. Scheuerman  
Christian M. Scheuerman, Esquire  
Attorney for Defendant

BUR-DC-001498-19 02/25/2019 1:16:39 PM Pg 1 of 2 Trans ID: SCP2019443404

 Court's Address and Phone Number: BURLINGTON Special Civil Part 49 RANCOCAS ROAD MOUNT HOLLY, NJ 08060-0000 609-288-9500	Superior Court of New Jersey Law Division, Special Civil Part BURLINGTON County Docket No: BUR-DC-001498-19 <b>Civil Action</b> <b>TORT OTHER</b>										
<b>YOU ARE BEING SUED!</b>											
<u>Person or Business Suing You (Plaintiff)</u> Dee A Cline	<u>Person or Business Being Sued (Defendant)</u> Akron Billing Center										
<u>Plaintiff's Attorney Information</u> THOMAS P KELLY KELLY LAW OFFICES, LLC STE 291 3000 ATRIUM WAY MT LAUREL, NJ 08054-0000 609-261-6100	<u>The Person or Business Suing You Claims You Owe the Following:</u> <table border="1"> <tr> <td>Demand Amount</td> <td>\$1000.00</td> </tr> <tr> <td>Filing Fee</td> <td>\$75.00</td> </tr> <tr> <td>Service Fee</td> <td>\$7.00</td> </tr> <tr> <td>Attorney's Fees</td> <td>\$3500.00</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>\$4582.00</b></td> </tr> </table>	Demand Amount	\$1000.00	Filing Fee	\$75.00	Service Fee	\$7.00	Attorney's Fees	\$3500.00	<b>TOTAL</b>	<b>\$4582.00</b>
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<b>TOTAL</b>	<b>\$4582.00</b>										
<b>FOR JUDICIARY USE ONLY</b>											
<p>In the attached complaint, the person or business suing you briefly tells the court his or her version of the facts of the case and how much money he or she claims you owe. If you do not answer the complaint, you may lose the case automatically and the court may give the plaintiff what the plaintiff is asking for, plus interest and court costs. You have 35 days from the date of service to file your answer or a signed agreement. If a judgment is entered against you, a Special Civil Part Officer may seize your money, wages or personal property to pay all or part of the judgment. The judgment is valid for 20 years.</p> <p><b>IF YOU DISAGREE WITH THE PLAINTIFF'S CLAIMS, A WRITTEN ANSWER OR SIGNED AGREEMENT MUST BE RECEIVED BY THE COURT ABOVE, ON OR BEFORE 04/08/2019, OR THE COURT MAY RULE AGAINST YOU. IF YOU DISAGREE WITH THE PLAINTIFF, YOU MUST DO ONE OR BOTH OF THE FOLLOWING:</b></p> <ol style="list-style-type: none"> <li><b>Answer the complaint.</b> An answer form that will explain how to respond to the complaint is available at any of the New Jersey Special Civil Part Offices or on the Judiciary's Internet site <a href="http://njcourts.gov">njcourts.gov</a> under the section for Forms. If you decide to file an answer to the complaint made against you:           <ul style="list-style-type: none"> <li>Fill out the Answer form AND pay the applicable filing fee by check or money order payable to: <i>Treasurer, State of New Jersey</i>. Include BUR-DC-001498-19 (your Docket Number) on the check.</li> <li>Mail or hand deliver the completed Answer form and the check or money order to the court's address listed above.</li> <li>Hand deliver or send by regular mail a copy of the completed Answer form to the plaintiff's attorney. If the plaintiff does not have an attorney, send your completed answer form to the plaintiff by regular and certified mail. This MUST be done at the same time you file your Answer with the court on or before <u>04/08/2019</u>.</li> </ul> </li> <li><b>Resolve the dispute.</b> Contact the plaintiff's attorney, or contact the plaintiff if the plaintiff does not have an attorney, to resolve this dispute. The plaintiff may agree to accept payment arrangements. If you reach an agreement, mail or hand deliver the SIGNED agreement to the court's address listed above on or before <u>04/08/2019</u>.</li> </ol> <p>Please Note - You may wish to get an attorney to represent you. If you cannot afford to pay for an attorney, free legal advice may be available by contacting Legal Services at 609-261-1088. If you can afford to pay an attorney but do not know one, you may call the Lawyer Referral Services of your local County Bar Association at 609-261-4862. Notify the court now if you need an interpreter or an accommodation for a disability for any future court appearance.</p> <p style="text-align: right;"><i>/s/ Michelle M. Smith</i> Clerk of the Superior Court</p>											

**RECEIVED**  
MAR 05 2019

BY: .....



BUR-DC-001498-19 02/25/2019 1:16:39 PM Pg 1 of 7 Trans ID: SCP2019443404

THOMAS P. KELLY III, ESQ. (23832000)  
KELLY LAW OFFICES, LLC  
3000 ATRIUM WAY, SUITE 291  
MOUNT LAUREL, NEW JERSEY 08054  
(609) 261-6100 p  
(609) 261-6105 f  
*Attorney for Dee Ann Cline, Plaintiff*

DEE ANN CLINE,

Plaintiff,

vs.

AKRON BILLING CENTER,

Defendant.

SUPERIOR COURT OF NEW JERSEY  
LAW DIVISION: SPECIAL CIVIL PART  
BURLINGTON COUNTY

Docket No.:

Civil Action

**COMPLAINT**

Plaintiff, DEE ANN CLINE ("PLAINTIFF"), by way of complaint against Defendant, AKRON BILLING CENTER, ("DEFENDANT"), says:

*I. NATURE OF THE ACTION*

1. This is an action for damages brought by an individual consumer for Defendant's violations of the Fair Debt Collection Practices Act, 15 U.S.C. § 1692, *et seq.* (hereinafter "FDCPA"), which prohibits debt collectors from engaging in abusive, deceptive and unfair practices.

*II. PARTIES*

2. Plaintiff is an adult consumer who resides in Burlington County, New Jersey.  
3. Defendant is a debt collection company with a principal place of business located at 3585 Ridge Park Drive, Akron, Ohio.

4. At all times relevant to the factual allegations of this Complaint, Defendant acted as a "debt collector" within the meaning of 15 U.S.C. § 1692(a)(6) and attempted to collect a "debt" as defined by 15 U.S.C. § 1692(a)(5).



BUR-DC-001498-19 02/25/2019 1:16:39 PM Pg 2 of 7 Trans ID: SCP2019443404

5. Defendant regularly conducts business in Burlington County, New Jersey, and the conduct complained of occurred in this vicinage, thus establishing personal jurisdiction.

6. Defendant acted through its agents, employees, officers, members, directors, heirs, successors, assigns, principals, trustees, sureties, subrogees, representatives, and insurers.

*III. FACTUAL ALLEGATIONS*

7. At all relevant times, Defendant sought to collect an alleged consumer debt from Plaintiff related to a bill from Emergency Physician Services of NJ P.A.

8. The consumer debt at issue relates to services that were for personal use.

9. In the attempt to collect a debt, Defendant wrote a collection letter to plaintiff, dated December 23, 2018, (see "Exhibit A")

10. The envelope in which the debt collection letter was mailed contained a glassine window through which could be seen the plaintiff's full account number, directly above her addressee information.

11. The Plaintiff and his attorneys read the July 18, 2017 letter.

*IV. CAUSE OF ACTION FOR VIOLATIONS OF THE FDCPA*

12. Plaintiff repeats, realleges and incorporates by reference the allegations in the preceding paragraphs of this Complaint.

13. Plaintiff is a "consumer" within the meaning of 15 U.S.C. § 1692a(3).

14. Defendant is a "debt collector" within the meaning of 15 U.S.C. § 1692a(6).

15. The Debt is a "debt" within the meaning of 15 U.S.C. § 1692a(5).

16. The December 23, 2018 letter from the defendant is a "communication" as defined by 15 U.S.C. § 1692a(2).

17. Defendant violated the FDCPA.

18. The FDCPA is a strict liability statute.

BUR-DC-001498-19 02/25/2019 1:16:39 PM Pg 3 of 7 Trans ID: SCP2019443404

19. Defendant's violations include, but are not limited to:

- a. 15 U.S.C. § 1692f(8), by using any language or symbol, other than the debt collectors address on the envelope when communicating with a consumer.
- b. 15 U.S.C. § 1692e(11) requires all communications from debt collectors (other than legal pleadings) to provide notice to the consumer identifying the sender as a debt collector and also notifying the consumer that the debt collector was attempting to collect a debt and that any information obtained would be used for that purpose. The May 8, 2018 communication from the defendant violated the FDCPA because it did not include the notice required by 15 U.S.C. § 1692e(11).

20. As a result of the above violations of the FDCPA, the Defendant is liable to the Plaintiff for statutory damages, costs and attorney's fees.

*v.* **PRAYER FOR RELIEF**

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment against Defendant for the following:

- a. An award of statutory damages for Plaintiff pursuant to 15 U.S.C. § 1692k(a)(1);
- b. Attorney's fees, litigation expenses, and costs pursuant to 15 U.S.C. § 1692k(a)(3);  
and
- c. For such other and further relief as the Court may deem just and proper.



Thomas P. Kelly III

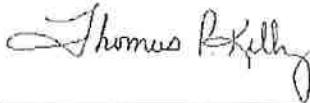
Dated: February 25, 2019



BUR-DC-001498-19 02/25/2019 1:16:39 PM Pg 4 of 7 Trans ID: SCP2019443404

CERTIFICATION PURSUANT TO RULE 4:5-1

Pursuant to Rule 4:5-1, the undersigned attorney for Plaintiff hereby certifies that, to the best of my knowledge, information and belief, the within action is not presently the subject of any other action pending in any court or of a pending arbitration proceeding to date, nor is any other action or arbitration proceeding between these parties contemplated at this time.



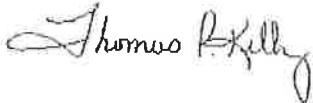
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Thomas P. Kelly III

Dated: February 25, 2019

CERTIFICATION PURSUANT TO RULE 1:38-7

Pursuant to Rule 1:38-7, the undersigned attorney for Plaintiff hereby certifies that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).



---

Thomas P. Kelly III

Dated: February 25, 2019

BUR-DC-001498-19 02/25/2019 1:16:39 PM Pg 5 of 7 Trans ID: SCP2019443404

Exhibit A - Letter from Defendant to Plaintiff dated 12/23/2018



BUR-DC-001498-19 02/25/2019 1:16:39 PM Pg 6 of 7 Trans ID: SCP2019443404  
 AKRON BILLING CENTER  
 3585 RIDGE PARK DR  
 AKRON OH 44333-8203

**DETACH AND RETURN THIS COUPON WITH  
 THE REVERSE SIDE COMPLETED TO PAY BY  
 CREDIT CARD, TO PROVIDE INSURANCE  
 INFORMATION OR FOR CHANGE OF ADDRESS.**

Patient  
 Name: DEE A CLINE

Credit card charges will appear as "Team Health"

PHYSICIAN SERVICES RENDERED AT: VIRTUA MEMORIAL

REDACTED  
 REDACTED

**REDACTED**

DEE A CLINE  
 300 SPRING LAKE BLVD  
 BROWNS MILLS NJ 08015-6227

EMERG PHYS SVCS OF NJ P.A.  
 DEPT: A  B  C  (check one - see reverse) 144  
 3585 RIDGE PARK DR  
 AKRON OH 44333-8203

**REDACTED**

**REDACTED**  
**REDACTED**

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
12/10/18	REDACTED	REDACTED	REDACTED ROBERT M REDACTED	\$1,626.00	

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: **REDACTED** STATEMENT DATE: 12/23/18 TOTAL NOW DUE: \$1,626.00

PLEASE REMIT BALANCE REQUIRED OR VISIT OUR WEBSITE AT [WWW.THBILLPAY.COM](http://WWW.THBILLPAY.COM) TO PAY BY CREDIT CARD.

» VISIT [WWW.THBILLPAY.COM](http://WWW.THBILLPAY.COM) TO MAKE PAYMENTS OR UPDATE INFORMATION «  
 CALL 1-888-952-6772 TO SPEAK TO A REPRESENTATIVE MONDAY - FRIDAY, 8AM - 8PM, SATURDAY 10AM-3PM EST

↓ Detach Here ↓  
 TO PAY BY CHECK

**PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER**

PATIENT NAME: DEE A CLINE ACCT#: **REDACTED** CHECK#: \_\_\_\_\_ AMT PAID: \_\_\_\_\_

PHYSICIAN SERVICES RENDERED AT: VIRTUA MEMORIAL

DO NOT STAPLE OR TAPE YOUR CHECK  
 OR MONEY ORDER TO THIS COUPON

CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO:

EMERG PHYS SVCS OF NJ P.A.

PO BOX 740021

CINCINNATI OH 45274-0021

144

██

**REDACTED**

Dee A Cline  
 300 Spring Lake Blvd  
 Browns Mills NJ 08015-6227

**REDACTED**

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Claims Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

**Change of Address:**

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_

**MAILING INSTRUCTIONS****To Send Insurance or Change of Address Information:**

If mailing insurance or address information, please use the top coupon and check Department A on front.

**To Send Credit Card Payments:**

If paying by credit card, please use the top coupon and check Department B on the front.

**BILLING RIGHTS SUMMARY**

Our acceptance of any payment marked with a restrictive legend or otherwise marked "paid in full" will not operate as an accord and satisfaction without our express prior written approval.

If you believe this statement is incorrect, or if you need additional information, contact us in writing or by phone. The billing inquiry number is listed on the front. We must hear from you no later than 60 days after the initial statement. You may telephone us, however doing so will not preserve your rights.

When you contact us, please provide the following information.

- Your name and account number
- Describe the error or problem

Please pay in U.S. Dollars. Checks should be written from a U.S. Bank. If a check is written from a Foreign Bank, add \$35.00 for U.S. Bank processing fees or pay by an American Express Money Order.

Team Health will charge a processing fee (added to the balance due on this account) for any check which is returned by the Bank "Non-Sufficient Funds"/"NSF". This fee will cover the expense incurred by Team Health for Bank Fees, extra processing to correct the account balance and additional statement processing.

We are required by applicable federal and state law to maintain the privacy of your health information. Therefore, if you contact us regarding this statement, we will ask you to provide certain information to identify yourself. Please notify us if you want another person to act as your representative regarding this statement or your account. Your representative will also be asked to provide specific identifying information related to you. We will only discuss information regarding your account that is directly relevant to the payment of your account, e.g., providing the account balance, taking insurance information, and setting up budget plans. We will not discuss any health information related to diagnosis or medical treatment with any caller, including you. Since we do not maintain your original medical record, all requests for information in your medical records should be made directly to the treating facility.

**Change of Address:**

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_

**ONLY RETURN THIS COUPON WHEN PAYING BY CHECK**

BUR-DC-001498-19 02/25/2019 1:16:39 PM Pg 7 of 7 Trans ID: SCP2019443404

Please Check Appropriate Box

<b>CREDIT CARD PAYMENT</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ACCOUNT NUMBER	
CARD NUMBER	
EXPIRE DATE	
SIGNATURE	
PAYMENT AMOUNT	
NAME AS IT APPEARS ON CARD	

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(609) 261-6100 p  
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*Attorney for Dee Ann Cline, Plaintiff*

DEE ANN CLINE,

Plaintiff,

vs.

AKRON BILLING CENTER,

Defendant.

SUPERIOR COURT OF NEW JERSEY  
LAW DIVISION: SPECIAL CIVIL PART  
BURLINGTON COUNTY

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**AFFIDAVIT OF DILIGENT INQUIRY**

I, Thomas P. Kelly, being of full age, hereby attest to the following

1. I am counsel for the plaintiff in the above-referenced matter.
2. Despite diligent effort and inquiry, personal service upon the defendant cannot be made in accordance with R. 4:4-4(a) because the defendant resides outside this jurisdiction.
3. Therefore, I respectfully request that the Court permit constructive service upon the defendant(s), pursuant to R. 4:4-4(b), by mailing a copy of the summons and complaint by registered or certified mail, return receipt requested, and, simultaneously, by ordinary mail to the defendants named herein.

These statements are true to the best of my knowledge and belief. I am aware that knowingly false statements may be punishable by law.

Dated: February 25, 2019

By: \_\_\_\_\_

THOMAS P. KELLY III

*Thomas P. Kelly*

